

SMALL BUSINESS SET-ASIDE REVIEW

2. DESCRIPTION/TITLE <input type="checkbox"/> Contract Modification		3. REQUISITIONER/CONTACT PERSON Name: Address:	
		Telephone No.	Date
4. PROGRAM OFFICE		5. CONTRACTING OFFICE	
6. RECOMMENDED ACTION (<i>Select only one</i>) <input type="checkbox"/> SBA Section 8(a) Award <input type="checkbox"/> Other Set-Aside Specify _____ <input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> Set-Aside Not Recommended (attach justification)		7. ESTIMATED CONTRACT DATES Proposed CBD Synopsis Date _____ Contract Award Date _____ Period of Performance _____	
8. PROPOSED SOURCE(S) (<i>If necessary, attach list</i>) Name: Address: Type Of Business: <input type="checkbox"/> Small Business <input type="checkbox"/> Minority-Owned <input type="checkbox"/> 8(a) Firms <input type="checkbox"/> Other <input type="checkbox"/> Woman-Owned		9. TYPE/NUMBER OF SOURCES CONSIDERED _____ Small _____ Minority/Disadvantaged _____ Large _____ Woman-Owned	
11. SMALL BUSINESS SPECIALIST'S RECOMMENDATION <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects <input type="checkbox"/> Requests Re-evaluation <input type="checkbox"/> Request Solicitation of Additional Sources (Attached) <input type="checkbox"/> Request Special SB/MB Incentive Provisions (Attached) <input type="checkbox"/> Other Comments (Attached) Small Business Size Standard Number of Employees _____ Dollar Amount \$ _____ SIC Code: _____ _____ OSBDU/Small Business Specialist Date		10. SMALL BUSINESS LIAISON OFFICER REVIEW Comments: <input type="checkbox"/> Accepts <input type="checkbox"/> Requests Re-evaluation	
		Telephone No. _____ Date _____	
		Signature _____	
		12. RE-EVALUATION OF RECOMMENDATION <input type="checkbox"/> Reaffirmed <input type="checkbox"/> Set-Aside Feasible	
13. REVIEWED BY SBA <input type="checkbox"/> Request Solicitation of SB Sources (Attached) SBA Form 70 Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects		Authorizing Program Official _____ Date _____	
SBA Representative _____ Date _____		15. CONTRACTING OFFICER'S ACTION <input type="checkbox"/> Set-Aside Accepted <input type="checkbox"/> Set-Aside Not Accepted (<i>Provide Reason</i>)	
14. CONTRACT INFORMATION—SB/MB/WOB/OTHER (<i>Circle one</i>) Contractor's Name & Address Contract Number: _____ Mod Number: _____ Contract Amount \$ _____		Contracting Officer _____ Date _____	

INSTRUCTIONS FOR COMPLETING CD-570

The completed CD-570 **must** accompany the CD-435 Procurement Request Form for:

- Procurement actions requesting supplies and services from open market sources valued over the Simplified Acquisition Threshold.
- Modifications to contracts involving new work not required under the original contract or when exercising options.
- May be used for purchases under the Simplified Acquisition Threshold.

The CD-570 is **not** required for:

- Purchases made from GSA Federal Supply Schedule contracts or other government delivery order contracts.
- Modifications to contracts extending performance time; adding funds within the scope of the original contract; or decreasing funds.
- Purchases under the Simplified Acquisition Threshold.

BLOCK 1. REQUISITION NUMBER

Use same requisition number as in Block A on the CD-435 Procurement Request Form.

BLOCK 2. DESCRIPTION/TITLE

Brief description of the product or service needed. Project title, if applicable.

BLOCK 3. REQUISITION/CONTACT PERSON

Provide name, address, and telephone number of the person requesting this requirement.

BLOCK 4. PROGRAM OFFICE

Identify the name of the office utilizing the requirement.

BLOCK 5. CONTRACTING OFFICE

Name of the contracting office responsible for awarding the contract.

BLOCK 6. RECOMMENDED ACTION

Select only one of the available choices. If a set-aside is not recommended, a justification statement must be attached. Federal Acquisition Regulations require setting aside a requirement if the contracting officer determines

that there is reasonable expectation of receiving offers from at least two responsible small concerns and that a reasonable price is obtainable from small firms.

BLOCK 7. ESTIMATED CONTRACT DATES

Provide approximate dates, as indicated, concerning the issuing of the contract.

BLOCK 8. PROPOSED SOURCE(S)

If attaching a list of suggested sources, provide name, address and type of business for each source.

BLOCK 9. TYPE/NUMBER OF SOURCES CONSIDERED

Identify the type of business and the number of sources considered in compiling the source list.

BLOCK 10. SMALL BUSINESS LIAISON OFFICER'S (SBLO) REVIEW

If the SBLO agrees with the recommended action, sign and send to the servicing small business specialist. Provide comments if in disagreement. Requisitioner may be asked to re-evaluate. Only authorized SBLO's may sign.

BLOCK 11. SMALL BUSINESS SPECIALIST'S RECOMMENDATION

The small business specialist makes a recommendation and adds size standards information.

BLOCK 12. RE-EVALUATION OF RECOMMENDATION

The Program Official completes this section when asked to re-evaluate his/her recommendation.

BLOCK 13. REVIEWED BY SBA

For use by the Small Business Administration Procurement Center Representative.

BLOCK 14. CONTRACT INFORMATION

The contracting office completes the information, files the original CD-570 with the contract and distributes copies as indicated.

BLOCK 15. CONTRACTING OFFICER'S ACTION

The Contracting Officer's decision is recorded and copy 2 is promptly sent to the OSD BU. If a set-aside is denied, the reason should be documented.